

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/575618

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		①		1		
10		①		1		
11		①		1		
12		①		1		
13		①		1		
14		①		1		
15		①		1		
16		①		1		
17		①		1		
18		①		1		
19		①		1		
20		①		1		
21		①		1		
22		①		1		
23		①		1		
24		①		1		
25		①		1		
26		①		1		
27		①		1		
28		①		1		
29		①		1		
30		①		1		
31		①		1		
32	1		1			
33	1		1			
34	1					
35	1					
36	1					
37		①				
38		①		1		
39		①		1		
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41						
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47						
48						
49						
50						
TOTAL IND.	6	↓	3	↓	0	↓
TOTAL DEP.	39	←	32	←	0	←
TOTAL CLAIMS	45		35		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	